

Site Manager Signature

## Miami-Dade County Community Action Human Services Department Summer Food Service Program

## **Sponsor Site Manager Agreement**

	Name of Site :		Site #	
	Address of Site:			
	City:	State:	Zip:	
	Person in Charge of Site:			
	Telephone of the person in ch	arge:		
Т	he person named above agrees to	:		
1.			ersons 19 and over who are mentally of ofit school program for the mentally of	
2.			n of transfer of meals and field trips wit	th
3.	Provide adequate supervision du		"Point of Service" meal counts.	
			s required by the Sponsor including th	ıe
	daily meal count sheets.			
5.		nsor, any changes in the num	ber of meals required as attendand	:С
6	fluctuates.	blome in regard to meet convice		
	Report immediately any other pro Abide by all SFSP regulations an	9		
	Attend Sponsor training sessions		been provided by the Sponsor.	
			within appropriate temperature range	s
			wed meals due to your negligence.	_
			ed to be changed or are not being met	
	Immediately notify the Sponsor if I		heduled times.	
	Comply with civil rights laws and			
			act is on site during meal service.	
	Not accept meals from another			
	Site is not receiving federal fund Ensure a copy of the Department			
	Ensure "And Justice for All" poste		a to the oponsor.	
			unts, Site Supervisors Record of Mea	ls
	Served)	(0.9.,		
	•			
	•	0	nd understand that any violation of thes	
			ederal Statues. <u>I have not signed a</u>	
			, if there is any violation of the above	
	nentioned rules, the sponsor reserv or renewal in the following year.	es the right to infriediately termin	nate the site and to not consider the sit	Æ
ıc	n renewal in the following year.			
		CAHS	SD.	

SFSP-E5 Revised 1/14/14

Sponsor Signature

Date